

AMENDMENT TRANSMITTAL LETTER

DOCKET NUMBER:
P-ZA 3519SERIAL NO:
09/300,959FILING DATE:
April 27, 1999EXAMINER:
A. BeckerlegGROUP ART UNIT:
1632

INVENTION: SOMATIC TRANSGENE IMMUNIZATION AND RELATED METHODS

TO COMMISSIONER FOR PATENTS

RECEIVED

FEB 19 2002

TECH CENTER 1600/2900

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C., 20231 on January 22, 2002.

By: Deborah L. Cadena
Deborah L. Cadena, Reg. No. 44,048

January 22, 2002
Date of Signature

Transmitted herewith is a Response to Office Action mailed July 20, 2001, with attached Appendix A, in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.
- ☒ Petition for three-month Extension of Time is enclosed (in duplicate).
- ☐ No additional claims fee is required.
- ☒ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	34	-	34	-	0	x	\$9	\$18	=	\$0	\$
INDEPENDENT CLAIMS	7	-	6	-	1	x	\$42	\$84	=	\$42	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		\$140	\$280	=	\$0	\$
							TOTAL ADDITIONAL FEE			\$42	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

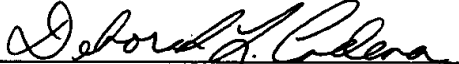
— Please charge my Deposit Account No. 03-0370 the amount of \$_____. A duplicate copy of this sheet is enclosed.

Inventor: Maurizio Zanetti
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- ☒ A check in the amount of \$502.00 is enclosed, \$42.00 of which covers the additional claims fee and \$460.00 of which covers the fee for a three-month extension of time.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.
- ☒ The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

January 22, 2002
Date


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